# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE WILSON COUNTY COMMITTEE. NAME OF CANDIDATE 3. ELECTION DATE ELECTION COMMISSION 2018 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State 37122 615444-4282 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route State Zip Code Phone SAME OFFICE SOUGHT (include district number, if applicable) NAME OF POLITICAL TREASURER (may be candidate) John J કંસ્ ne CATEGORY OR RERORT (Check one) D FIRST SECOND THIRD FOURTH PRE-MID-YEAR YEAR-END QUARTER QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL 8.a. BEGINNING DATE OF REPORTING PERIOD 8.b. ENDING DATE OF REPORTING PERIOD 630-18 9. (Check one) a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. 10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. signature of andidate ature of political treasurer TNESS SIGNATURE 12. SUMMARY BALANCE ON HAND LAST REPORT ......\$ TOTAL RECEIPTS THIS PERIOD ..... TOTAL DISBURSEMENTS THIS PERIOD ..... TOTAL LOANS OUTSTANDING ......\$ TOTAL OBLIGATIONS OUTSTANDING



### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	44 DEDOOM of	
(iii sa)	14. KEPURT CC	OVERING THE PERIOR
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	FROM 1-1-18	10: 630-18
a. Unitemized Contributions (\$100 or less from each source this period)	s 0	
b. Itemized Contributions (over \$100 from each source this period)		
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).		— . A
16. LOANS RECEIVED THIS REPORTING PERIOD		
17. INTEREST RECEIVED THIS REPORTING PERIOD		
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		
DISBURSEMENTS		\$ 1569
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.		
Creative Graphics - Printing \$ 107	.g., printing, postage	;, gasoline)
Creative Graphics - Printing \$ 449	<del>,</del> 5	RECEIVED
Greative Graphics - Printing \$ 394	<u>'</u>	g,
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s 1106		WILSON COUNTY
\$		LECTION COMMISSIO
\$		
\$	<del></del>	
\$	<del></del>	
<b>\$</b>		
Total of Expenditures (\$100 or less each payee)	\$	
b. Itemized Expenditures (Over \$100 each payee this period)	_ :	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$ 1265 51
20. LOAN REPAYMENTS MADE THIS PERIOD		s <del>O</del>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ 1202 51
22.IN-KIND CONTRIBUTIONS		1000
a. Unitemized in-kind contributions (\$100 or less from each source this period)	s Q	
b. Itemized in-kind contributions (over \$100 from each source this period)		-
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)		·
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	s &	
b. Itemized Obligations Outstanding (Over \$100 each)		•
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12		's -0

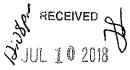
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Page \_\_\_\_\_ of \_\_\_\_

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## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

WILSON COUNTY 1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING PAECE MUDSION FROM: TO: 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) Amount 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor) First Name Middle Name Contribution Received For: Amount of Contribution Last Name/Organization Name Primary Election General Election Address Runoff (Local Elections Only) City State Zip Code Date of Contribution Aggregate This Election Occupation Employer First Name Middle Name Contribution Received For: Amount of Contribution Last Name/Organization Name Primary Election General Election Address Runoff (Local Elections Only) City State Zip Code Date of Contribution Aggregate This Election Occupation Employer First Name Middle Name Contribution Received For: Amount of Contribution Last Name/Organization Name Primary Election General Election Address Runoff (Local Elections Only) City State Zip Code Date of Contribution Aggregate This Election Occupation Employer First Name Middle Name Contribution Received For: Amount of Contribution Last Name/Organization Name ☐ Primary Election ☐ General Election Address Runoff (Local Elections Only) City State Zip Code Date of Contribution Aggregate This Election Occupation Employer 5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)



#### ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

					EL	ECTION COMMISSION			
1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVE FROM:	RING THE PERIOD TO:			
						Amount			
3. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIO	NS FROM	PRECEDING PAG	GE (enter \$0 if first itemized page	)	Amount			
4. COMPLETE THE APPROPRIATE IT	EMS FOR E	ACH ITEM	ZED IN-KIND CONTR	RIBUTION (in-kind contributions totaling	more than \$100 from any co	ntributor during the period)			
First Name Middle Name				In-Kind Contribution Received For:					
Last Name/Organization Name				Runoff (Local Election					
Address				Date of In-Kind Contribution	Date of In-Kind Contribution				
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
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First Name Middle Name			me		In-Kind Contribution Received For:    Primary Election				
Last Name/Organization Name				Runoff (Local Election	s Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City	City State Zip Code				Description of In-Kind Contribution				
Occupation	Employer								
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First Name Middle Name			In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Elections	s Only)					
Address			Date of In-Kind Contribution		Aggregate this Election				
City		State Zip Code		Description of In-Kind Contribution					
Occupation Employer			<u> </u>						
the control desires a training part of the second p	agan kalama an naka								
First Name		Middle Nar	ne	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name				☐ Runoff (Local Elections					
Address			- <u>1 - 5 - 6 - 7 - 11 - 11 - 11 - 11 - 11 - 11 -</u>	Date of In-Kind Contribution		Aggregate this Election			
City		State Zip Code		Description of In-Kind Contribution					
Occupation	Employer	1							
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irst Name		Middle Nam	e	In-Kind Contribution Received For:    Primary Election   General Election		Value of In-Kind Contribution			
ast Name/Organization Name			☐ Runoff (Local Elections						
Address			Date of In-Kind Contribution		Aggregate this Election				
City State Zip Code		Description of In-Kind Contribution	**************************************						
Occupation Employer									
5. TOTAL ITEMIZED IN-KIND COM									
(Carry forward to item 3, of next page if ad (If this is the last page of in-kind contribution)				nary.)					

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### ITEMIZED STATEMENT OF EXPENDITURES -

1. NAME OF CANDIDATE OR COMMITTEE				1 2. REPORT COVE	FIRST FREMERISSION	
Tonny Joves	TO: 6-30-18					
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	Amount					
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITE	MIZED EXPENDITURE	(expenditures totaling more than \$100	0 to any payee during the pe	riod)	
First Name	Middle !		Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name						
Address	**************************************					
City	State	Zip Code				
First Name	Middle N	ame	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name						
Address						
City	State	Zip Code			o.	
First Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure		
ast Name/Business Name	<u> </u>		_			
Address	·		7			
City	State	Zip Code				
irst Name	Middle Nar	me	Purpose of Expenditure	Amount of Expenditure		
ast Name/Business Name	<u> </u>					
ddress						
ity	State	Zip Code	_	}		
irst Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure		
sst Name/Business Name			-			
dress						
y	State	Zip Code				
rst Name	Middle Name		Purpose of Expenditure	Amount of Expenditure		
st Name/Business Name						
dress			-			
Y	State	Zip Code	•			
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages of (If this is the last page of expenditures, this amount must be	f this form ar be shown in i	e used.) tem 19b. of summary.)				

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### ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTEE		······································			······································		2 RE	PORT CA	V Nditoli∓	MECINIC COUNTY NECINIC PERMISSI
——————————————————————————————————————						FROM	<b>1</b> :	VEHA	TO:		
3. COMPLETE THE APPROPRI	ATE ITEMS F	OR EACH	ITEMIZ	ED LOAN	(loans totaling)	nore than	\$100 from any	(4-)-	76		6-30-18
Complete the Following for the Source	tref to the second or tref of the finishers	ar Color Carlos Arganeses	St. Stewart Williams	o source and order		Here and sections	with the state of	eource du	ing the period		
First Name	Middle Name	9		Outstanding	Loan Balance	Lo	oans	Loan		Outsta	anding Loan Balance
Last Name/Organization Name	Geor	ورساد		(Beginning of Period) Received			1	Payments (End of Period)			
Last Name/Organization Name				Æ	$\Rightarrow  1300^{51}  \leftrightarrow  130$				⊃0.5 <sub>-</sub> .		
Address 14395 Central	COS C V A D Va			Loan Recei	eceived For: Date of Loan						
M1- Juliet	State	Zip Code			nary Election General Election  off (Local Elections Only)			4-2	01	B	
	List All Endorse			r Above Loa	n (If more spa	ce is nee	eded please a	ittach a pa	age)		
First Name		Middle Name	Victoria, e e	4474 45074 47	First Name				10000	ddle N	ame
Last Name/Organization Name			·····		Last Name/Org	anization	Name				
Address					Address						
City		State	Zip Coo	de	City					ate	Zip Code
Amount Guaranteed Outstanding			<b></b>		Amount Guaranteed Outstanding						
First Name Middle Name					First Name Middle Name						
Las! Name/Organization Name					Last Name/Organization Name						
Address				:	Address						
City	City State Zip Code			e	City Stale Zip Code					Zip Code	
Amount Guaranteed Outstanding					Amount Guarant	eed Outsta	anding		<b>-</b>		
First Name	N	Aiddle Name		****	First Name			******	Мю	ldle Na	me
Last Name/Organization Name	······································				Last Name/Organization Name						
Address					Address						
City	City State Zip Code		Zip Code		City			Sta	le	Zip Code	
Amount Guaranteed Outstanding	<u>" ' ' </u>		***************************************	,	mount Guarante	ed Outsta	nding	*			
First Name	rst Name Middle Name				First Name Middle Name					ne	
ast Name/Organization Name				Į.	Last Name/Organization Name						
Address				Address							
City	Sta	ate 2	Zip Code		ty			State		Zip Code	
mount Guaranteed Outstanding					Amount Guaranteed Outstanding						
Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				outstanding Loan (Beginning of P		Loans Received		Loan Payments	Ou	tstanding Loan Balance (End of Period)	
, lotal outstanding loan balance should also be	shown in item 12.6	e, on front pag	e.)					- 1		İ	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD COMMISSION			
		FROM:	TO:				
OBLIGATION (obligations totaling	PLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED GATION (obligations totaling more than \$100 owed to any on/vendor at the end of the reporting period)			Debt Incurred This Period	Payments This Period	Outstanding Balanc (End of Period)	
First Name	Middle f	Vame					
Last Name/Business Name		······································	_				
Address							
City	State	Zip Code					
Description of Obligation	i						
First Name	Middle N	ame		and the second distribution of the second			
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation		]					
First Name	Middle Na	ime					
ast Name/Business Name			-				
Address			-				
City	State	Zip Code	-				
Description of Obligation	<u></u>						
Flrst Name	Middle Na	ne		***************************************	e de la companya de l		
ast Name/Business Name							
ddress			_				
City	State	Zip Code	-				
escription of Obligation		<u></u>					
irst Name	Middle Nan	ne					
ist Name/Business Name		· · · · · · · · · · · · · · · · · · ·	_				
dress		···					
ity	State	Zip Code	_				
escription of Obligation							
TOTALS	**************************************		_			ar na saon a bana an	
TOTALS  Total from Outstanding Balance - (End of Pilin item 23b. on summary page.)	eriod) column must	also be shown					